

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 OCT 28 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000035295

1. Corporation Name

Fullcolors Inc

Principal Place of Business

Mailing Address

1370 Stillwater DR, MIAMI BEACH
FL 33141

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1370 Stillwater Dr

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1370 Stillwater Dr

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33141

Country

Dade

City & State

Miami Beach FL

Zip

33141

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

04-23-1996

5. FEI Number

65-0662493

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	VANESA A SCHULMAN	9806 SW 57 ST	Cooper City FL 33328
SH	MICHAEL B. SCHULMAN	9806 SW 57 ST	Cooper City FL 33328

REINSTATEMENT

97-98

FL

10-30-98

8. Name and Address of Current Registered Agent

MICHAEL A BANDER
444 BRICKELL AVE. Suite 300
MIAMI, FLORIDA 33131

9. Name and Address of New Registered Agent

Name

VANESA SCHULMAN

Street Address (P.O. Box Number is Not Acceptable)

9806 SW 57 ST

Suite, Apt. #, Etc.

City

Cooper City FL

State

FL

Zip Code

33328

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/28/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/98

Date

Daytime Phone #

351-868-0473

CH2E040 (1/98)